

Social Work Implications of the Family Violence Option

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Abstract

This paper explores the impact of the Family Violence Option on the roles and related responsibilities of social work practitioners in identifying victims of domestic violence, assessing their service needs, and building an organizational culture of routine screening and relevant assessment for domestic violence. Family Violence Option is a federal law that routinely identifies victims of domestic violence and waives certain requirements for the identified victims in the Temporary Assistance for Needy Families (TANF) program. TANF programs do not screen for domestic violence nor implement protocols of the Family Violence Option, but promoting social work values and roles into the program may improve the implementation of domestic violence screening. The role of advocate is particularly important, so it needs to be emphasized more at all levels of action within the system to respond to domestic violence.

Keywords: social work, domestic violence, Family Violence Option

Background

The Family Violence Option was inserted into the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996 as the PRWORA revised program requirements for recipients of the Temporary Assistance for Needy Families (TANF) (Legal Momentum, 2004). Those requirements include mandated work or work-related activities, enforced child support from a biological father of a child, and lifetime limits (Legal Momentum, 2005). The purpose of the Family Violence Option was to assist TANF applicants and recipients who had or were experiencing domestic violence. Two distinctive factors supported the rationale of the Family Violence Option in TANF: 1) domestic violence that had occurred in lifetime with more than half of the TANF recipients and within the past 12 months for one of nine to three women among the recipients (Gallagher, 2011); and 2) victims of domestic violence had more than two barriers that kept them from meeting TANF requirements (Brush, 2004; Casey, 2010). TANF requirements could increase the risk of safety issues and program sanctions in TANF for victims of domestic violence (Casey, 2010). At present, the Family Violence Option requires state and local TANF offices to routinely screen for domestic violence in order to identify victims of domestic violence and in turn, waives certain requirements for the identified victims (Government Accountability Office, 2005; Georgia Department of Human Services, 2013; North Carolina Department of Health and Human Services, 2013). Such temporary waivers to or exemption from TANF requirements are called good cause waivers (Cooke & Burke, 2003). The Family Violence Option defines domestic violence as “being battered or being subjected to extreme cruelty,” specifically as an intimate partner being subjected to physical, sexual, and mental abuse and to related threats, and experiencing the neglect or the deprivation of medical care (Davies, 2001, p. 5).

Despite routine screening protocol during the last two decades, the TANF application and assessment processes have only partially identified victims of domestic violence (Levin &

Zeisel, 2009; Lindhorst & Padgett, 2005). Additionally, only few identified victims have been connected to domestic violence advocates for in-depth need assessment and/or relevant services or other supportive services. Approximately three to thirty percent of 792 TANF applicants who received TANF in four states between 1999 and 2000 were screened for domestic violence (Meyers & Lurie, 2005; Lindhorst, Meyers, & Casey, 2008), and between October 2007 and September 2008, less than 1% of 54 referrals from 16,017 households were made to have an in-depth assessment for relevant supportive services in Washington D. C. (Levin & Zeisel, 2009). None of the disclosed victims received good cause waivers. In Maryland, good cause waivers were as granted to less than 1% of TANF recipients among 554 identified victims of domestic violence between March 1998 and June 2000 (Hetling, 2011). Overall, TANF programs reveal serious and constant implementation gaps to identify victims of domestic violence, assess the service needs, and/or grant good cause waivers.

Identifying victims of domestic violence and serving them with quality services is important to social work, which promotes human functioning and improvement of social conditions (Sheafor & Horejsi, 2006). The action system in TANF may need planned changes. Planned changes are comparable to intervention goals, and they could be facilitated through differing levels of interventions from *micro* to *macro* (Miley, O'Melia, & Dubois, 2013). Action systems refer to people, groups, organizations, or communities that work with or through in order to influence both the client and its own system (Sheafor & Horejsi, 2006). Review of intended changes by the Family Violence Option in the role of action systems will help social workers understand how action systems respond to domestic violence and what needs to be done for improving the action systems' response to domestic violence.

In order to understand impact of the Family Violence Option on the social work roles, the author first identified two specific roles at each of the *micro*, *mezzo*, and *macro* levels of social work interventions relevant to domestic violence screening in TANF. Subsequently, the following components will be also elaborated based on the review of government reports, empirical studies, or other relevant publications: (1) the potential impact of the Family Violence Option on such roles and responsibilities; and (2) the social work implications of the specific roles and responsibilities.

Relevant Social Work Roles in the Family Violence Option

The Family Violence Option describes preventive approaches with regard to two types of barriers faced by domestic violence victims; 1) Compliance with TANF requirements such as time limits, work responsibility, or child support enforcement complicates TANF recipients' ability to escape domestic violence, and 2) Such compliance unfairly penalizes individuals who are or have been victimized by such violence or who are at risk for experiencing further domestic violence (Legal Momentum, 2004). The impact of domestic violence on the lives of women who received TANF included physical/mental health impairments, substance abuse, human capital deficits, perceived work discrimination, and interference with work (Lyon, 2000; Meisel, Chandler, & Rienzi, 2003; Tolman, & Rosen, 2001). Women who comply with TANF requirements due to the hardships influenced by domestic violence may find it very difficult to leave TANF successfully and attain self-sufficiency. Nested in TANF programs, the Family Violence Option is involved in "social enhancement" practice and its services emphasize the

“growth of clients in a particular area of functioning” (Morales & Sheafor, 2004, p. 16). Therefore, ensuring domestic violence screening in a TANF program improves the victims’ basic rights for receiving relevant support.

Support of victims of domestic violence in TANF appears to require social work roles in their action systems and relevant interventions are feasible at three levels of social work practice; namely, micro, mezzo and macro. *Micro* practice requires direct practice skills for social workers and enhances interactions between clients or small groups (Sheafor & Horejsi, 2006). *Mezzo* practice fosters changes in a medium-sized system, such as formal groups or organizations, and social workers may or may not strongly require building intimate, working relationships as they do in the *micro* practice. *Macro* practice involves work with the large systems, such as organizations, communities, or institutional and social environments as a whole (Sheafor & Horejsi, 2006).

Intervention goals for action systems to adequately support victims of domestic violence are primarily based on the problems in the area of screening outcomes for domestic violence. Table 1 summarizes those identified problems and the suggested changes at each implementation level of the Family Violence Option. The identified problems include; (1) in *micro* level intervention, TANF applicants are inconsistently screened for domestic violence and some may not receive a waiver and/or a referral service for further assessment and support (Hetling, 2011; Lindhorst et al., 2008; Lindhorst & Padgett, 2005); (2) In *mezzo* level intervention, TANF caseworkers are not given training opportunity to respond to domestic violence (Carrington, 2005; GAO, 2005; Hagen & Owens-Manley, 2002; Lindhorst & Padgett, 2005); and (3) In *macro* level intervention, structural barriers against the mandatory screening for domestic violence are detected, such as lack of evidence-based practice, funding, or other organizational capacity (Lindhorst et al., 2008; Saunders, Holter, Pahl, Tolman, & Kenna, 2005).

Specific roles in action systems can enhance changes regarding the identified problems in domestic violence screening in TANF to eliminate the identified problems. In *micro-level* intervention, case management and client advocacy roles are critical to provide TANF applicants with an equal opportunity to be screened for domestic violence and notified about good cause waivers, and consequently to be connected to services based on their needs and self-determination. Case management role optimizes client functioning by providing services in a professionally competent manner based on clients’ multifaceted needs (NASW, 1992). Advocacy role upholds clients’ inherent right to access relevant recourses and services that they are entitled to at the level of direct practice (NASW, n.d.). In-agency or off-agency domestic violence advocates can take part in case management and advocacy roles for domestic violence screening and relevant needs assessment.

In *mezzo-level* intervention, training and facilitating roles are essential in order to enhance frontline TANF caseworkers’ professional knowledge, attitudes, and beliefs of domestic violence, and competency in professional behaviors in assessing and responding to the needs of victims of domestic violence. The caseworkers’ professional competence and personal assumptions should not restrict the victim’s opportunities to seek safety and economic security by receiving TANF assistance. In social work, trainers indirectly improve clients’ functioning and rights through direct interventions of peers, usually within an organization (Miley et al.,

2013). Educational training and/or supervision from a state to a local and between or within local agencies are required to improve frontline knowledge and behaviors related to victims of domestic violence. The same target changes can be promoted through facilitating clients or organizational groups to share their needs and actively promote and encourage their participation in the change processes (Miley et al., 2013; Postmus, 2000). Any direction of training and/or focus groups between TANF supervisors and frontline caseworkers and community victim support advocates would be beneficial to improve *micro* and *mezzo*-level interventions, including knowledge acquisition about the training need of frontline caseworkers.

Likewise, in *macro-level* intervention, effective administration and policy advocacy roles are fundamental to eradicate structural barriers that restrict the victims' opportunities to seek safety and economic security and hinder evidence-based practice. In social work, administrators plan, implement, and evaluate services, policies, and problems in social organizations (Brueggemann, 2006). Policy advocates pursue social justice to induce changes in situations where client development is impeded and clients are disempowered due to barriers in laws, rules, budgets, and policies (Cummins, Byers, & Pedrick, 2011). Together, administration and policy advocacy roles can facilitate organizational readiness and culture for routine screening for domestic violence. Administrators of the Department of Health and Human Services in each state can strengthen implementation protocol for the Family Violence Option by establishing job expectations for frontline and supervisory workers for domestic violence-related services and monitor their performance based on administrative records of TANF recipients, and allocate budget funds for other roles in *micro* and *mezzo* levels of social work practice.

Table 1. Problems, Target Intervention Changes, and Roles of Social Work Practitioners

	Identified Problems	Target Changes	Roles of Social Workers
<i>Micro</i>	Inadequate screening Barriers to access of services	Equally identify and assess the risk due to domestic violence	Case manager and client advocate
<i>Mezzo</i>	Lack of training Incompetent and insensitive screening	Enhance professional competence and proper knowledge, attitudes, and beliefs in identifying victims of domestic violence, assessing their needs, and providing relevant services	Trainer and facilitator
<i>Macro</i>	Resistance to routine screening Lack of accountability of the effectiveness of domestic violence screening	Eradicate structural barriers at the organizational levels and ensure evidence-based practice	Administrator and policy advocate

Evidence of Targeted Changes in the Identified Roles

The Family Violence Option has expanded responsibilities that are particularly important to social work in response to the needs of victims of domestic violence who apply for TANF. The expected changes after the implementation of the Family Violence Option are displayed in Table 2 and they are compared to the responsibilities before the Family Violence Option. No evidence of role performers' response to the expected changes was written in parentheses in Table 2. In short, domestic violence screening and relevant case managing, advocating, training and administrative responsibilities were entirely new expectations for diverse role performers after the implementation of the Family Violence Option. However, only partial roles and/or responsibilities are determined by state protocol and are actually performed.

TANF application and assessment processes in every state in the U.S. have established program protocol to implement mandatory, routine screening for domestic violence, as well as to consider granting of good cause waivers (GAO, 2005). States independently or collaboratively work with domestic violence advocates; so some states such as New York and Georgia mandatorily refer identified victims of domestic violence to a domestic violence advocate for further assessment and recommendation for good cause waivers (Georgia Department of Health Services, 2013; New York State Office for the Prevention of Domestic Violence, n.d.).

Despite the state protocol related to domestic violence screening, the relevant roles and responsibilities are not actually performed. State screening rates ranged from 2.8% to 11.5%, with Georgia being the exception with 28.8% (Lindhorst et al., 2008), and two administrative data sources, including five states identified only 0.31% and approximately 2% of the clients as victims of domestic violence, respectively (Hetling, 2011; Lindhorst et al., 2008). In California, identified victims of domestic violence never received information about their eligibility for victim support services and were denied access to receiving good cause waivers (Gallagher, 2011). In different counties, notification rates of good cause ranged from 33.3% to 45.9% in 2000-2001 (Goodwin, Chandler, & Meisel, 2005). Despite huge variations, TANF application and assessment processes still failed routine notification of good cause. Only 1.2% of TANF applicants were both screened and notified of good cause during their eligibility screening interviews (Lindhorst et al., 2008).

Current evaluation of how expected roles and responsibilities regarding the Family Violence Option are performed addresses two types of tentative conclusions. First, those roles and responsibilities especially in *micro-level interventions* have been studied and they appear to be inadequately performed. Second, other roles and responsibilities such as trainer, facilitator, and administrator are invisible in state protocols of domestic violence screening and understudied for their performance. They need to be more actively performed.

Table 2. Impact of the Family Violence Option on Social Work Roles/Responsibilities in TANF

	Role Performers	Evidence of the Changes in Responsibilities	
	After the Family Violence Option	Before the Family Violence Option	After the Family Violence Option
<i>Micro</i>	Frontline eligibility caseworker	TANF eligibility screening and assessment	TANF eligibility screening and assessment Mandatory screening for domestic violence (Mandatory notification of good cause) In-depth domestic violence assessment for good cause or making a mandatory referral to a domestic violence advocate for further assessment
	Domestic violence advocate	Assisting in TANF application	Responding to a referral from TANF for domestic violence assessment and making a recommendation for the decision of granting good cause waivers (Providing other victim support services)
<i>Mezzo</i>	Domestic violence advocate	Assisting in TANF application	(Training TANF caseworkers and/or supervisors for domestic violence screening and referral services) (Facilitating a focus group (i.e., caseworker))
	TANF supervisor	N/A	Training and supervising TANF caseworkers for domestic violence screening and referral services (Facilitating a focus group (i.e., caseworker))
<i>Macro</i>	Administrative level of staff in TANF	N/A	(Setting clear job expectations for TANF caseworkers and supervisors) (Monitoring outcomes of domestic violence screening) (Securing funding) Collaboration with victim support agencies in community
	Policy advocate in various settings	High demand for domestic violence screening	Conducting research for evidence-based practice (Advocacy for enhancing administrative level of practice)

Recommendations

As reviewed, target changes regarding identified roles and responsibilities of social work are difficult to be achieved without first strengthening the implementation protocol and applying it to the TANF domestic violence screening across the board. In *micro* practice, TANF caseworkers may put domestic violence screening as a minor priority within the entire TANF application and assessment processes. However, this action system needs to be equipped with value-based practice, which is the focus of social work practice for vulnerable populations (NASW, 2008). Value-based practice in respect of clients' self-determination needs to be cultivated in TANF application and assessment processes to help victims of domestic violence who apply for TANF make informed decisions regarding their service options. Informed

decisions for good cause waivers may be only available for the victims who are screened for domestic violence, provided information of good cause waivers, and assessed for the need for good cause waivers. Routine notification of good cause waivers needs to be mandated like routine screening for domestic violence to ensure TANF applicants' self-determination to disclose domestic violence and apply for good cause waivers. Undeniably, a significant portion of potential victims of domestic violence decided not to disclose abuse (Lindhorst & Padgett, 2005). However, their decision was partially guided due to their perception of the potential risks and uncertainty of the consequences of their disclosure (Lindhorst & Padgett, 2005). Likewise, approximately 97% of the victims who disclosed domestic violence did not seek good cause waivers (Fontana, 2000), but it is unlikely that decision was well informed through relevant assessment processes and information of good cause. The TANF application and assessment processes, therefore, should promote the opportunity for clients' informed, self-determination of disclosure and the use of good cause waivers.

Sharing responsibilities from *mezzo-* and *macro-*level practitioners can substantiate advocacy roles for value-based practice at the *micro-*level. TANF program supervisors could collaborate with domestic violence advocates to clarify the frontline roles and responsibilities for domestic violence screening and to resolve any concerns or challenges. Training and supervision need to be reinforced and routinized regarding domestic violence screening. Regular training targeting frontline TANF caseworkers was only available in three states (GAO, 2005). The TANF administrator should promote value-based practice at both *micro-* and *mezzo-*levels of practice. Multifaceted tasks are important, such as funding, hiring qualified workers, clear job descriptions, training and supervision, monitoring worker performance, program evaluations, and overall organizational readiness. Without sharing the social work values of professional competency and social justice from all levels, the targeted changes to remove barriers to service access by the victims of domestic violence within TANF are unrealistic.

There is a critical task that policy advocates confirm and re-confirm the assumption of the Family Violence Option that it is difficult for victims of domestic violence to comply with TANF requirements, and some victims may benefit from good cause waivers (Bloom, Loprest, & Zedlewski, 2002; Brush, 2004; Casey, Davies, Gifford, & Menard, 2010; Legal Momentum, 2004; North Carolina Department of Human Services, 2013). While policy advocates still maintain the same assumption, they need to corroborate. There is need for further study of the following: (1) who benefits from receiving good cause waivers from any of the TANF requirements or (2) the impact of routine screening and assessment methods for domestic violence on identifying the need for good cause waivers. Undoubtedly, without solid evidence of the assumptions of the Family Violence Option and victims' service needs, policy advocates' voices will continue to be unheard.

Conclusion

It may be difficult to filter social work values and skills into current TANF action systems, as a social work degree is not often required for qualifying as frontline caseworkers (Stockbridge-Munsee Community, 2014; Washoe Tribe of Nevada and California, 2012). However, there are still paths available to enhance value- and skill-based practice. Domestic violence advocates who directly work with TANF action systems can supplement such roles by

advocating for the needs of victims of domestic violence and participating in TANF worker-trainings. Outside the TANF agencies and beyond the role performers, as they did in 2011 (NASW, 2011), the National Association of Social Workers should have an agenda for policy advocacy regarding TANF reauthorization with proper domestic violence screening and barriers to comply with TANF requirements among victims of domestic violence. Social workers need to pay attention to the TANF application and assessment processes to identify and support victims of domestic violence and to raise a collective voice for relevant changes in implementing behaviors as well as in the action systems.

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